U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| For Official Use Only | | | | | |
|--|-------------------------|--|------------------------------|--------------------|--|
| REA | THE INSTRUCTIONS CAREFU | LLY BEFORE PREPA | RING THIS REPORT. | | |
| E December 1 | | | | | |
| 1. File Number U- 15018 | | 2. Fiscal Year Covered From: | | | |
| | | 1 / 1 / 2004; Through: 12:/ 31: / 2004 | | | |
| 3. Name and address of person filing. | | 4. Name, file number, and address of labor organization. | | | |
| Name James | | Name I.U.P.A.T Local 447 | | | |
| | | Labor Organization File Number 002 132 | | | |
| P.O. Box, Bldg., Room No., if any | | P.O. Box, Building and Room Number, if any | | | |
| Street 5000 J Street SW | | Street 5000 J Street SW | | | |
| City Cedar Rapids | | City Cedar Rapids | | | |
| State Iowa | ZIP Code + 4 52404 | State Iowa | z | IP Code + 4 ,52404 | |
| 5. Position in labor organization. | ÷ | · | | | |
| <u> </u> | | | | | |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | | | |
| 6. Name and address of Employer (including trade name, if any). | | 7.a. Nature of Interes | est, Transaction, or Income. | | |
| Name | | | | | |
| Trade Name, if any: | | | | | |
| P.O. Box, Bldg., Room No., if any | | i | | ; ; [| |
| | | 7.b. Amount. | | | |
| Street | | | | | |
| City | | \$0; | | | |
| State | ZIP Code + 4 | | | | |
| Signature | | | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | | | |
| Signed James & Con | 210- | On 8/11/200 | 05 319-366-0569 | | |
| - junios | | Date | / | phone Number | |
| | | | | | |

| Name of Person Filing James Corcran | File Number U- |
|--|--|
| B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or idealing with your labor organization or with a trust in which your labor organization. | erwise dealing with the business ctively seeking to represent, or ndirectly to, or otherwise |
| Name and address of Business (including trade name, if any). | 9. Business deals with: |
| Name | |
| Trade Name, if any: | a. Labor Organization |
| P.O. Box, Bldg., Room No., if any | b. Trust |
| Street | c. Employer |
| City | |
| State ZIP Code + 4 | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| Street | 11.b. Approximate dollar value of such dealing. \$0 |
| Сіту | 12.a. Nature of interest held or income received. |
| State ZIP Code + 4 | ! [; |
| | |
| | |
| | |
| | 12.b. Amount. \$0 |
| C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. |
| Name | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| Street [†] | |
| City | |
| State ZIP Code + 4 | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. |

\$0